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Our Docket No. PDC 119

Client/Matter No. 078374-00011

Your Docket No.

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MESSAGE:**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Solomon S. Steiner and Bryan R. Wilson

Serial No.: 09/766,362

Art Unit: 1615

Filed: January 19, 2001

Examiner: Humera N. Sheikh

For: *DRY POWDER FORMULATIONS OF ANTIHISTAMINE FOR NASAL
ADMINISTRATION*

GSM-13-0000-0000

DEC 15 2004

PTO/SB/21 (09-04)

Approved for use through 07/31/2008. OMB 0861-0031

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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/766,362	
	Filing Date	January 19, 2001	
	First Named Inventor	Solomon S. Steiner	
	Art Unit	1615	
	Examiner Name	H. Sheikh	
Total Number of Pages in This Submission	4	Attorney Docket Number	PDC 119

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Pabst Patent Group LLP		
Signature	<i>Rivka D. Monheit</i>		
Printed name	Rivka D. Monheit		
Date	December 15, 2004	Reg. No.	48,731

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature	<i>Ronna Berman</i>		
Typed or printed name	Ronna Berman	Date	December 15, 2004

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PDC 119 / 078374-00011

PTO/SB/17 (12-04)

Approved for use through 07/31/2008. CMB 0851-0032

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/766,362
TOTAL AMOUNT OF PAYMENT (\$ 475.00)		Filing Date	January 19, 2001
		First Named Inventor	Solomon S. Steiner
		Examiner Name	H. Sheikh
		Art Unit	1615
		Attorney Docket No.	PDC 119

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 50-3129 Deposit Account Name: Pabst Patent Group LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims 18 - 20 or HP = 0 x 50 = 0 **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20

Indep. Claims 3 - 3 or HP = 0 x 200 = 0 **Fee Paid (\$)**

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets 18 - 100 = 8 / 50 = 1 (round up to a whole number) x 125 = 125 **Fee Paid (\$)**

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Notice of Appeal (small entity): Extension of Time (2 months)

475.00

SUBMITTED BY		
Signature	<i>Rivka D. Monheit</i>	Registration No. (Attorney/Agent) 48,731
Name (Print/Type)	Rivka D. Monheit	Telephone (404) 879-2152
		Date December 15, 2004

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